2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # N03000010809 04-23-2007 90254 006 ****61.25 TRACTS C & D OF POMPANO INDUSTRIAL PARK ASSOCIATION, INC. 40077043 Principal Place of Business Mailing Address 6820 LYONS TECHNOLOGY CIRCLE 6820 LYONS TECHNOLOGY CIRCLE 100 100 POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 Chq-NP CR2E037 (12/06) City & State City & State 4. FEt Number 20-2908722 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COKER, RICHARD G JR ESQ Street Address (P.O. Box Number is Not Acceptable) 1404 S ANDREWS AVE FT LAUDERDALE, FL 33316-1840 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE President Change ☐ Addition TITLE elete makulm Butters 6820 Lyon'S Technology Circle Suite 100 NAME BUTTERS, MALCOLM NAME STREET ADDRESS 6820 LYONS TECH CIR 100 STREET ADDRESS Colonia Creek POMPANO BEACH, FL 33073 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE Delete TITLE ☐ Change Addition A BUTTERS, MALCOLM NAME NAME 1096 E NEWPORT CENTER DR, STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH, FL 33442 Change TITLE Addition TITLE Delete Shari Lynn Hurtadu 6800 Lyons Technology Circk Suite 100 GHITIS, LEO NAME NAME 3129 N 29TH AVE STREET ADDRESS STREET ADDRESS COLONUT CICCK FL 33073 HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

12. Thereby certify that the information symplics with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

FILED